

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044271

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5917 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILE NOV 21 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6617 Olive Street

3. NAME OF DECEASED (Type or print) Mrs. MARGARET MAE SIMMONS	4. DATE OF DEATH Month October Day 30 Year 1963
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5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-10-1904	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Addressograph Operator	10b. KIND OF BUSINESS OR INDUSTRY All-State Ins.	11. BIRTHPLACE (City and state or country) Glasgow, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William J. Dougherty	13b. MOTHER'S MAIDEN NAME Ida Skinner	14. NAME OF HUSBAND OR WIFE Clyde J. Simmons, Sr.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Clyde J. Simmons, Jr. Address 10500 E. 52nd
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis & Myocardial infarction Anterior Septal Atherosclerotic coronary disease		INTERVAL BETWEEN ONSET AND DEATH 10 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ?		
DUE TO (c) ?		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Burdenal ulcer.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 7:45 a.m. AM Month, Day, Year 2-16-1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Burr Oak, Kansas	COUNTY Burr Oak	STATE Kansas
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21. I attended the deceased from 2-16-1963 to 10-30-1963 and last saw her alive on 10-30-63 Death occurred at 7:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank B. Leitz	(Degree or title)	22b. ADDRESS 1530 W. 14th St. Kansas City, Mo.	22c. DATE SIGNED 10-31-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-2-63	23c. NAME OF CEMETERY OR CREMATORY Burr Oak Cemetery	23d. LOCATION (City, town, or county) Burr Oak, Kansas	(State)
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home	ADDRESS Linwood & WOODLAND	25. DATE RECD. BY LOCAL REG. 10-31-63	26. REGISTRAR'S SIGNATURE Bessie Smith
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

ITEM NO.

VS 300
Rev. 4/59

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Dr. Frank Lutz
Prof. Bldg.
SA 1-1331

in office since
12:30 to 5 p.m.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address

9648 Roe Ave
Overland Park, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.